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CONFIRMATION NO. 2417

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|--|---|--------------------------------|---|---------------------------------------|
| SERIAL NUMBER 10/070,271 | FILING DATE 06/13/2002 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 22748/1 |
| APPLICANTS Shane Willard Nickson, Sheffield, GBN, UNITED KINGDOM; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/GB00/04288 11/08/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9926599.3 11/11/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY GBN | SHEETS DRAWING 3 | TOTAL CLAIMS 13 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS 21710 | | | | |
| TITLE Ankle/ foot orthosis | | | | |
| FILING FEE RECEIVED 1020 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |



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CONFIRMATION NO. 2417

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|---|--|--------------------------------|---|---------------------------------------|--------------------------------|
| SERIAL NUMBER 10/070,271 | FILING DATE 06/13/2002 RULE | CLASS 602 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 22748/1 | |
| APPLICANTS Shane Willard Nickson, Sheffield, GBN, UNITED KINGDOM; | | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/GB00/04288 11/08/2000 | | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED KINGDOM 9926599.3 11/11/1999 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY GBN | SHEETS DRAWING 3 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 1 |
| ADDRESS 21710 | | | | | |
| TITLE An Ankle and Foot Orthosis | | | | | |
| FILING FEE RECEIVED 1020 | FEES: Authority has been given in Paper, No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |